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25295 7590 01/29/2008

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Kelli S. Gantt (Depositor's name)
 (Signature)
 April 18, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/726,479 12/04/2003 David L. Shapiro-Ilan 0070.03 7519

TITLE OF INVENTION: APPLICATION OF ENTOMOPATHOGENIC NEMATODE-INFECTED CADAVERS FROM HARD-BODIED ARTHROPODS FOR INSECT SUPPRESSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	04/29/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS	04/18/2008 NGUYEN2 00000098 502134 10726479			
LEVY, NEIL S	1615	424-406000	01 FC:1501 1440.00 DA			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 John Fado

2 Gail E. Poulos

3

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

See Attached

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 18, 2008

Typed or printed name Gail E. Poulos

Registration No. 36,327

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USDA/ARS/OTT Fax: 301-504-5060

NO. 0944 P. 2

Continuation of PTOL-85B
S.N. 10/726,479

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

1.) (A) NAME OF ASSIGNEE:

The United States as Represented by the Secretary of Agriculture

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Washington, DC

☒ Government

2.) (A) NAME OF ASSIGNEE:

Virginia Polytechnic Institute and State University

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Blacksburg, VA

☒ corporation or other private group entity

2.) (A) NAME OF ASSIGNEE:

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(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Blacksburg, VA

☒ corporation or other private group entity